



# COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF PUBLIC SAFETY

Please send application to:

Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

*Application for Certificate of Competency to be a Horse Carriage Driver as provided by M.G.L. c. 22, & 20 of the General Laws*

**Application must be filled out in ink and accompanied with a non refundable processing fee of \$50.00**

☐ (Check box if applicable) I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. **You must submit the Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.**

I, the undersigned, hereby make application for a Certificate of Competency to be a Horse Carriage Driver.

Name: \_\_\_\_\_

(Please print)

Mailing Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Have you ever been examined for Certificate for Competency to be a Horse Carriage Driver?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, state month and year: \_\_\_\_\_

### **AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION**

**(MASSACHUSETTS RESIDENTS ONLY)**

My signature below authorizes the Department of Public Safety to electronically access my photograph from the **Massachusetts Registry of Motor Vehicles** database solely for use on this license/registration.

\_\_\_\_\_  
MA- RMV photo release signature

Pursuant to Massachusetts General Laws, Chapter 22, Section 21 and 520 CMR 1.00, I certify under the penalties of perjury that to my best knowledge and belief I have paid any and all outstanding civil fines owed to the Department which are required under Law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

My history of operating Horse Drawn Carriages is as follows:

Length of Service		Name of Employer	Location of Employment
Years	Months		

\_\_\_\_\_  
*Signature of Applicant*

Endorsee: It is mandatory that this application be endorsed by a person holding a Certificate of Competency to be a Horse Carriage Driver.

I hereby certify that \_\_\_\_\_ is a well known to me and  
(Name of Applicant)

that to my knowledge he/she has the necessary operating time required by law, and that he /she is a person of good character and ability.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current Certificate of Competency License Number: \_\_\_\_\_

YOU WILL BE NOTIFIED OF YOUR EXAM DATE BY MAIL APPROXIMATELY 2 WEEKS BEFORE EXAMS

**EXAMS TAKE PLACE THE LAST WEEK OF EVERY MONTH**

[FOR EXAMPLE IF YOUR APPLICATION IS PROCESSED IN JANUARY YOU SIT IN FEBRUARY ETC.]

YOU MAY VISIT OUR WEBSITE FOR OUR EXAM SCHEDULE UNDER ENGINEERING EXAM SCHEDULE [www.mass.gov/dps](http://www.mass.gov/dps)

**PREREQUISITES:** ALL OF THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED PROPERLY. FAILURE TO SUBMIT ALL REQUIRED INFORMATION AND PROPER FEE WILL RESULT IN UNNECESSARY DELAYS.

€ Completed Application with proper home mailing address and social security number.  
Attach 1" x 1.25" photo or a legible copy of a valid driver's license  
(Unless Authorization for Release of RMV Photo Information Signed-Off)

€ A legible copy of valid Motor Vehicle License or C.D.L. license

€ Cori Request Form

€ Non-refundable application processing fee (\$50.00)

Attach Photo  
Here  
1x1.25"

**Note:** THE LICENSE OF AN ENDORSEE MAKING WILLFUL FALSIFICATION SHALL BE SUSPENDED OR REVOKED. DISTRICT ENGINEERING INSPECTORS OF THE DEPARTMENT OF PUBLIC SAFETY SHALL NOT ENDORSE APPLICATIONS, EXCEPT WHEN APPLYING THE OATH WHEN THE APPLICANT IS BEING EXAMINED.